Effective January 1, 2003 O4 /520 36												368
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								BATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 2 =					X42=		OR	X84=	
MI	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+140=	†	1	+280=	
* [1	the difference	e in column 1 is	less than zero, enter "0" in			olumn 2		TOTAL	 	OR	TOTAL	
	C	LAIMS AS A	MENDED - PART II					TOTAL	L	lou	OTHER	THAN
		(Column 1)				(Column 3)	d	SMALL	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUME PREVIO PAID F		BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RAŢE	ADDI- TIONAL FEE
Š	Total	. 27	Minus	 3c	2	=		X\$ 9=		OR	X\$18=	
AM	Independent	* (o	Minus 444 (o		0 4114	-		X42=		OB	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+140=		OR	+280=	
							i.	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT, FEE	·	3	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	* NTATION OF MI	Minus	###	CLAIM	=		X42=		ŌR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=		
							_	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)	No.	(Colum		(Column 3)						
AMENDMENT C	18,10	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		#		X\$ 9=		OR	X\$18=	
	Independent	ATATION OF M	Minus	***		=	1	X42=	17.12	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** ADDIT FEE ** ADDIT FEE											+280= TOTAL ADDIT. FEE	
	he "Highest Num	ber Previousty Pak	For (Total or	Independe	nt) is the	highest numbe	r four	nd in the ap	propriate box	in col	iumn 1.	

Application or Docket Number